

FILED  
U.S. DISTRICT COURT  
In The United States District Court  
For The District of Maryland

2007 NOV 21 A 10:53

FILED  
U.S. DISTRICT COURT  
DISTRICT OF MARYLAND  
2007 NOV 21 12:38

Lawrence V. Wilder

Vs

CIVIL CASE 97-2283

Marc Greidinger, Att at law

Motion to Reopen Case

The plaintiff petitions the United States District Court in Maryland enable the plaintiff to reopen this previously closed legal matter. The plaintiff was advised by the defendant during administrative proceeding in the United States District Court in Maryland. The plaintiff claims that the defendant never disclosed critical conflict of interest that would severely disable his ability to represent or advise the plaintiff. As a result, the plaintiff claims that the defendant sabotaged his attempts at defending himself against false adverse actions bought by the United States Department of Health and Human Services. The plaintiff should be allowed to research the defendant's claims of no conflict of interest to determine, indeed, that none exists at the time of his complaint (or pending) and whether there was motive to obstruct justice. The plaintiff also suffered from mental illness, which hindered his ability to previously bring forth his claim effectively. The plaintiff requests a hearing to present arguments to reopen his claim.

Respectfully requested,



THE JOHNS HOPKINS HOSPITAL  
DEPARTMENT OF PSYCHIATRY  
COMMUNITY PSYCHIATRY PROGRAM

Medical Records

INDIVIDUAL TREATMENT PLAN

0315363

WILDER, LAWRENCE

A. TREATMENT TEAM

Primary Therapist ROGER DREESE RN

Supervising Physician LAWRENCE WILSON MD.

Case Manager (if other  
than Primary Therapist) \_\_\_\_\_

Other Staff Involved in Care \_\_\_\_\_

B. SIGNIFICANT FEATURES

PATIENT IS A 33 YR OLD M/A SINGLE  
MALE SELF REFERRED TO RPP FOR THE  
1ST TIME FOR C/O STRESS. HE HAS A H/O  
TREATMENT AT THE MD PSYCHIATRIC  
RESEARCH CTR 1/98 - 3/98

C. DIAGNOSIS (DSM III)

Axis I DELUSIONAL DS

Axis II DEFERRED

Axis III NONE

Axis IV UNEMPLOYMENT, LEGAL PROBLEMS

Axis V 20-3

CODE

2921

APR 12 AM 10 44

RECEIVED - OCC

D. STATEMENT OF PATIENT PROBLEMS

PATIENT FEELS THAT THERE ARE CONSPIRACIES  
AGAINST HIM DUE TO RACIAL AND EMPLOYMENT  
FACTORS, AND FEELING UNDER STRESS  
DOES NOT WANT TO BE TREATED WITH  
MEDICATION AND DISAGREES WITH HIS DIAGNOSIS

JHHX024003 8/86

205579

- E. PHYSICAL CONDITIONS & MEDICATIONS FOR PHYSICAL CONDITION THAT MAY INTERACT WITH PSYCHIATRIC TREATMENT AND MEDICATION.

None known

- F. ASSETS

Intelligent

- G. VULNERABILITIES

LACK OF ABILITY TO TRUST TREATMENT PROVIDERS.  
PERSISTENCE OF SYMPTOMS

- H. STATEMENT OF PROPOSED TREATMENT (including medications)

INDIVIDUAL SUPPORTIVE THERAPY  
TO HELP PATIENT COPE WITH ALL STRESS  
AND CONCERNS RE PROBLEMS WITH EMPLOYMENT  
MEDICATIONS RECOMMENDED, PT HAS  
REFUSED TO TAKE MEDICATIONS

- I. GOALS & METHODS

1. Short term goals	Methods	Monitoring	Target Date
---------------------	---------	------------	-------------

1. PROVIDE EDUCATION AND SUPPORT RE HIS  
ILLNESS) AND DIFFICULTIES - BUILDING  
THERAPEUTIC ALLIANCE 7/99.
2. OBTAIN RECORDS OF PREST TREATMENT TO  
CONFIRM A DIAGNOSIS 8/99

RECEIVED - CCC  
APR 12 AM 10 44

205580



REASON DIAGNOSIS REQUIRES PATIENT TO BE ABSENT FROM WORK:

SYMPTOMATIC FOR PERSONAL IDENTITY &amp; PERCEPTUAL ABNORMALITIES

HISTORY: WAS TREATED AT MD. PHYSICAL FINDINGS: CPT CODE:

PSYCHIATRIC RESPECT CTR 11/14/98 NONE 90800

TYPE OF TREATMENT AND/OR MEDICATION RENDERED TO PATIENT: PATIENT GIVEN

PSYCHIATRIC EVAL AND COUNSELING 1/98-3/98. ADAPT PRESENT MEDICATION REFUSED BY PATIENT.

DIAGNOSIS CONFIRMED BY: (SPECIFY DIAGNOSTIC TESTS, I.E. LABORATORY, RADIOLOGY, ETC.)

FIRST RECORD OF TREATMENT AND CURRENT PSYCHIATRIC EVALUATION 4/22/99

FIRST DATE OF TREATMENT FOR THIS CONDITION:

FIRST DAY PATIENT WAS/WILL BE UNABLE TO WORK DUE TO THIS DISABILITY:

1/14/98

4/22/99

BASED ON YOUR EXAMINATION, IS THIS DIAGNOSIS WORK RELATED?

☐ YES ☒ NO

HAVE YOU FILED A DOCTOR'S FIRST REPORT OF INJURY (5021)?

☐ YES ☒ NO

IS PATIENT ABLE TO RETURN TO WORK WITH JOB MODIFICATION (LIGHT DUTY) AT THIS TIME?

☐ YES ☒ NO IF NOT, WHY?

DUE TO CONTINUING SYMPTOMS

WHAT JOB MODIFICATIONS WOULD ALLOW THE PATIENT TO RETURN TO WORK AT THIS POINT?

\* LIMIT LIFTING TO \_\_\_ LBS.

\* LIMIT PUSHING, PULLING TO \_\_\_ LBS.

\* LIMIT SQUATTING, BENDING TO \_\_\_

\* LIMIT WALKING/STANDING TO \_\_\_

\* LIMIT REACHING WITH \_\_\_ ARM: ABOVE SHOULDER

BELOW WAIST

\* OTHER

\* LIMIT CLIMBING TO \_\_\_

RELIEF OF PSYCHOTIC SYMPTOMS

EXPECTED DATE PATIENT WILL BE MEDICALLY RELEASED TO RETURN TO FULL WORK (SPECIFIC DATE REQUIRED):

UNDETERMINED AT THIS TIME

IF APPLICABLE, EXPECTED DATE PATIENT WILL BE ABLE TO RETURN TO WORK WITH JOB MODIFICATIONS (LIGHT DUTY):

RETURN TO WORK DEPENDENT UPON SUCCESS AND ACCEPTANCE OF TREATMENT

PATIENT HOSPITALIZED:

HOSPITAL:

DATE OF ADMISSION:

DATE OF DISCHARGE:

FOR PREGNANCY - EDC:

N/A

PROVIDER'S NAME (PLEASE PRINT)

DEGREE/SPECIALTY

TELEPHONE:

PROVIDER ADDRESS:

ADDITIONAL COMMENTS: DR. WISSE HAS BEEN POWSED TO ACCEPT MEDICATION

I hereby certify, that based on my examination, the above statements truly describe the patient's disability, ability, and the estimated duration thereof, and that I am a PSYCHIATRIST (type of doctor) licensed to practice by the State of Maryland

SIGNATURE (Required for processing)

Lawrence Wisson

PRINT NAME AS SHOWN ON LICENSE

LICENSE #

DATE SIGNED

D27939

7/28/99

# **PSYCHIATRIC PROGRESS NOTE** **MEDICATION MANAGEMENT**

NAME: Lawrence Wilder DATE: 12/19/01

Treatment Participation: ☐ Patient only ☐ Patient and significant other ☐ Patient and Family

Subjective (Patient statement): "That medicine made me too tired... if someone sneaks up on me I like to be able to beat light sleep."  
pt still paranoid but denies all his target  
sx.

Sleep Quality: Normal Restless/Broken Insomnia Nightmares Oversleeps

## **Objective:**

Appearance: Calm Tense Irritable Cooperative Guarded Suspicious

Mood Euphoric 10 9 8 7 6 5 4 3 2 1 Dysphoric Euthymic

Affect: Appropriate Blunt Constricted Flat Labile Other Inappropriate at times

Cognition: Alert Oriented x3 Disoriented, Other

Thought Content: SI HI Contracts for Safety A/V Hallucinations Delusions

Thought Process: Appropriate Circumstantiality Rapid Pressured Speech Other

Assessment: ☐ No change in diagnosis ☐ Change in diagnosis:

Somatic Problems: No new problems

## **PHARMACOTHERAPY PLAN:**

☐ Medications not changed since last visit. ☐ Medications changed.

☐ Target Symptoms:

☐ Medication Changes:

1.	1. <u>D/C Geodon</u>	mg p.o.
2.	2. <u>Begin Zyprexa</u>	5 mg p.o. <u>g/day</u>
3.	3. <u>the lower 2.5mg is</u>	mg p.o.
4.	4. <u>not available at this</u>	mg p.o.

five

Discussed medication effects and side effect including, but not limited to the following:

None

Side effects noted: None

☒ Discussed rationale of treatment:

Lab work/tests ordered: NA

Treatment Plan/Recommendations: ☒ Return in 1 weeks 8 months KVJ

1.	3.
2.	4.

☒ Patient meets medical necessity criteria for continued care in this program.

[Signature]  
Signature of Physician

PSYCHIATRIC PROGRESS NOTES  
MEDICATION MANAGEMENT

NAME: Lawrence Wilder DATE: 12/28/01

Treatment Participation: ☒ Patient Only ☐ Patient and significant other ☐ Patient Family

Subjective (Patient statement): "I've been taking the new medicine for the day I... I feel a little better." "I would say on a 1-10 scale I only trust you about a 2"

Sleep Quality: ☒ Normal ☐ Restless/Broken ☐ Insomnia ☐ Nightmares ☐ Oversleeps

Objective:

Appearance: ☒ Calm ☐ Tense ☐ Irritable ☐ Cooperative ☐ Guarded ☐ Suspicious

Mood Euphoric 10 9 8 7 6 5 4 3 2 1 Dysphoric ☒ Euthymic

Affect: ☒ Appropriate ☐ Blunt ☐ Constricted ☐ Flat ☐ Labile ☐ Other inappr. laughing at times

Cognition: ☒ Alert ☐ Oriented X3 ☐ Disoriented Other

Thought Content: ☐ SI ☐ HI ☐ Contracts for Safety ☐ A/V Hallucinations ☐ Delusions

Thought Process: ☒ Appropriate ☐ Circumstantiality ☐ Rapid Pressured Speech

Assessment: ☒ No Change in diagnosis ☐ Change in diagnosis:

Somatic Problems: No New problems

PHARMACOTHERAPY PLAN:

☒ Medications not changed since last visit ☐ Medications changed

☐ Target Symptoms: ☐ Medication Changes:

- |                         |                         |          |                                |
|-------------------------|-------------------------|----------|--------------------------------|
| 1. <u>Will continue</u> | 1. <u>Zyprexa</u>       | <u>5</u> | <u>mg p.o. to give pt more</u> |
| 2. <u></u>              | 2. <u>Confidence at</u> | <u></u>  | <u>mg p.o. a stable dose</u>   |
| 3. <u></u>              | 3. <u>before ting</u>   | <u></u>  | <u>mg p.o. it.</u>             |
| 4. <u></u>              | 4. <u></u>              | <u></u>  | <u>mg p.o.</u>                 |

☒ Discussed medication effects and side effect including, but not limited to the following:

Dermis

Side effects noted: None

☒ Discussed rationale of treatment: Psychoed. given regarding meds & process of psychotherapy visits.

Lab work/tests ordered: per pt request

Treatment Plan/Recommendations: Return in 2 weeks months

- |            |            |
|------------|------------|
| 1. <u></u> | 3. <u></u> |
| 2. <u></u> | 4. <u></u> |

☒ Patient meets medical necessity criteria for continued care in this program.





PSYCHIATRIC PROGRESS NOTES  
MEDICATION MANAGEMENTNAME: Lawrence Wilder DATE: 4/15/02Treatment Participation: ☒ Patient Only ☐ Patient and significant other ☐ Patient FamilySubjective (Patient statement) "OK" Pt explained chargesPt was stopped by police, he became frightened and drove away (back in Oct 2000). "The medication is helping" Pt ran out of meds yesterday.Sleep Quality: ☒ Normal ☐ Restless/Broken ☐ Insomnia ☐ Nightmares ☐ Oversleeps

## Objective:

Appearance: ☒ Calm ☐ Tense ☐ Irritable ☐ Cooperative ☐ Guarded ☒ SuspiciousMood Euphoric 10 9 8 7 6 5 4 3 2 1 Dysphoric ☒ EuthymicAffect: ☒ Appropriate ☐ Blunt ☐ Constricted ☐ Flat ☐ Labile ☐ OtherCognition: ☒ Alert ☒ Oriented X3 ☐ Disoriented ☐ OtherThought Content: ☐ SI ☐ HI ☒ Contracts for Safety ☐ AVH Hallucinations ☐ DelusionsThought Process: ☒ Appropriate ☐ Circumstantiality ☐ Rapid Pressured SpeechAssessment: ☒ No Change in diagnosis ☐ Change in diagnosis:Somatic Problems: None

## PHARMACOTHERAPY PLAN;

☒ Medications not changed since last visit. ☐ Medications changed

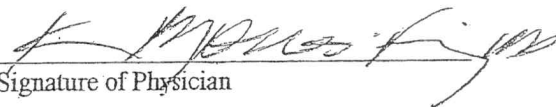
Target Symptoms:

Medication Changes:

1.	1.	mg p.o.
2.	2.	mg p.o.
3.	3.	mg p.o.
4.	4.	mg p.o.

☒ Discussed medication effects and side effect including, but not limited to the following:DeniesSide effects noted: None☒ Discussed rationale of treatment:Lab work/tests ordered: NATreatment Plan/Recommendations: Return in 4 weeks      months

1.	3.
2.	4.

☒ Patient meets medical necessity criteria for continued care in this program.
  
Signature of Physician





## APPLICANT'S STATEMENT OF DISABILITY

In Connection With Disability Retirement Under the Federal Employees' Retirement System

1. Name of Applicant (Last, first, middle) Wilder, Lawrence Verline 2. Date of Birth (mo., day, yr.) August 1, 1965 3. Social Security Number 217-94-3800

4. Describe how you are deficient in your job in respect to performance, attendance, or conduct.  
I have become very paranoid and untrusting of individuals and have withdrawn from relationships. I feel that everywhere that I visit, people are threatening and coercive.

5. Describe your medical condition(s) (i.e., disease or injury) and how it interferes with performance of your duties, attendance, or conduct.  
My paranoia and anxiety is a result of filing a discrimination/harassment complaint with the Department of Health and Human Services. I received death threats and was constructively discharged. My concerns were dismissed or ignored. For two years I experience constant harassment inside and outside of the Agency. I was earjacked which I feel was caused by my Agency's (U.S. Government) blatant disregard to my concerns. I have become very paranoid and withdrawn in society. I feel my life is in danger because of my complaint against the U.S. Government.

6. Describe any other restrictions on your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform your job in your agency.  
I feel everyone I encounter is influenced by the U.S. Government to ruin my life. I feel it is a conspiracy against me because I filed the discrimination/harassment complaint. I feel the U.S. Government has blacklisted me against everyone. My friends have avoided me and I have no friends outside of my family.

7. What efforts have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position?  
None. My complaints were either ignored or dismissed. Individuals have admitted to harassing me. I feel abandoned because individuals did not substantiate my concerns, until individuals later admit to harassing and threatening me. I can not trust people today. The U.S. Government does have a history of doing this to minorities.

8. Give the approximate date you became disabled for performance of your position (mo., yr.) February 1997 9. Have you been hospitalized for the medical condition(s) as described in item 5?  
☐ Yes ☒ No

10. List physician(s) from whom you plan to request a Physician's Statement (SF 3105C).  
Dr. Miller University of Maryland Medical System  
Southwestern Community Mental Health Center  
10 Winters Lane, Baltimore, Maryland 21228

1. Have you applied for disability benefits from the Social Security Administration?

☐ No ☒ Yes Application Receipt or Award Notice Attached ☒ Yes ☐ No

NOTE: Application for disability retirement under FERS requires an application for Social Security Disability Benefits. Final processing will not occur until your Social Security application has been verified.

2. Certification and Consent by Applicant:

I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and medical condition(s) (i.e., disease or injury) to authorized agency and OPM officials.

## WARNING

Any intentional false statement in this statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Signature (Do not print)

Date

Telephone Number During Office Hours

## PRIVACY ACT STATEMENT

Disclosure of this information is authorized by the Federal Employees' Retirement System Act of 1986 (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their

programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.



# **AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS** In Connection With Disability Retirement Under the Federal Employees' Retirement System

Form Approved:  
OMB No. 3206-0171

To be completed by Coordinator for Employment of the Handicapped or other authorized agency official. See instructions on back of form.

1. Name of Applicant (Last, first, middle) <i>Wilder Lawrence</i>	2. Date of Birth (mo., day, yr.) <i>8-1-65</i>	3. Social Security Number <i>217-94-3800</i>
--	---	---

4. Has reasonable effort for accommodation been made?

☒ No, accommodation is not an option. (Specify in the space below the functional/environmental factors related to the employee's inability to perform fully successfully and explain why accommodation is not possible.)

☐ No, accommodation is not appropriate. Medical information presented to agency does not document a disabling medical condition.

☐ Yes. Describe below accommodation efforts and attach supporting documentation.

*Employee removed from agency. Therefore, reassignment is not an option.*

5. Results of agency reassignment efforts (Check one of the following statements)

☐ Reassignment is not necessary because employee's service is fully successful and there are no medical restrictions from performing critical duties or from attending work altogether.

☐ The employee declined reassignment to the vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications.

☐ The employee was not reassigned to any vacant position in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications. The position(s) identified and reason(s) for non-assignment are shown below.

## **CERTIFICATION BY COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED OR OTHER AUTHORIZED AGENCY OFFICIAL:**


I CERTIFY that this statement is true to the best of my knowledge and belief.

8. Signature of Responsible Agency Official <i>F. L. Galler</i>	9. Date <i>12/30/97</i>	10. Telephone Number (Including area code) <i>(410) 786-2045</i>
11. Typed Name of Responsible Agency Official <i>F. L. Galler</i>	12. Title of Responsible Agency Official <i>Employee Relations Specialist</i>	

Affidavit in Support of Service of Motion to Reopen

The plaintiff attests to the fact that a copy of this request to approve the Motion to Reopen a previously closed matter in the United States District of Maryland was serviced to the defendant(s):

Marc Greidinger, att of law  
P.O. Box 8198  
Springfield, Virginia 22151

  
11/21/2007



This is a 44 civil cover sheet and the information contained herein is to be replaced or supplemented by the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM)

<p><b>(a) PLAINTIFFS</b>  <i>Lawrence V. Wilder</i></p> <p><b>(b) County of Residence of First Listed Plaintiff</b> <i>2007 NOV 21 A 10:53</i>          (EXCEPT IN U.S. PLAINTIFF CASES)</p> <p><b>(c) Attorney's (Firm Name, Address, and Telephone Number)</b>  <i>410-260-7944</i></p>	<p><b>DEFENDANTS</b>  <i>Marc Breidinger</i></p> <p><b>County of Residence of First Listed Defendant</b>          (IN U.S. PLAINTIFF CASES ONLY)</p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.</p> <p><b>Attorneys (If Known)</b></p>
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<p><b>I. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)</p> <p><input checked="" type="checkbox"/> 1 U.S. Government Plaintiff</p> <p><input type="checkbox"/> 2 U.S. Government Defendant</p> <p><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p><b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PTF</th> <th>DEF</th> <th>PTF</th> <th>DEF</th> </tr> <tr> <td>Citizen of This State</td> <td><input checked="" type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business In This State</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input checked="" type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> </tr> </table>	PTF	DEF	PTF	DEF	Citizen of This State	<input checked="" type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input checked="" type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6
PTF	DEF	PTF	DEF														
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Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6														

IV. NATURE OF SUIT (Place an "X" in One Box Only)					
CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input checked="" type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	LABOR	SOCIAL SECURITY	FEDERAL TAX SUITS
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input checked="" type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

**V. ORIGIN** (Place an "X" in One Box Only)

☐ 1 Original Proceeding

☐ 2 Removed from State Court

☐ 3 Remanded from Appellate Court

☒ 4 Reinstated or Reopened

☐ 5 Transferred from another district (specify)

☐ 6 Multidistrict Litigation

☐ 7 Appeal to District Judge from Magistrate Judgment

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

**DEMAND \$**

**CHECK YES only if demanded in complaint.**

**JURY DEMAND:** ☐ Yes ☐ No

**VIII. RELATED CASE(S) IF ANY** (See instructions)

**JUDGE**

**DOCKET NUMBER**

DATE *11/09/2007* SIGNATURE OF ATTORNEY OF RECORD *[Signature]*

**OR OFFICE USE ONLY**

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_